

**MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET**
 (FOR USE WITH FORM PTO-875)

SERIAL NO.
10/019780

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		0		/			54						
5		0		/			55						
6		0		/			56						
7		0		2			57						
8		0		2			58						
9		0		2			59						
10		0		2			60						
11		0		2			61						
12		/		/			62						
13		/		/			63						
14		/		/			64						
15		/		/			65						
16		0		/			66						
17		0		/			67						
18		0		/			68						
19		0		/			69						
20		0		/			70						
21		0		/			71						
22		0		/			72						
23		0		/			73						
24		0		/			74						
25		0		/			75						
26		0		/			76						
27		0		0			77						
28							78						
29							79						
30							80						
31							81						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.	26		31				TOTAL DEP.						
TOTAL CLAIMS	27		32				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENTS

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